

# Plasmablastic Lymphoma Arising in Barrett's Esophagus

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**GUNDERSEN**  
MEDICAL FOUNDATION

## INTRODUCTION

- Plasmablastic lymphoma occurring in the gastrointestinal tract represents a rare malignancy in gastroenterology and has an unknown prevalence.
- There are only a handful of cases in the literature in which this rare malignancy presents in the GI tract, typically in patients who have preexisting immunosuppression.

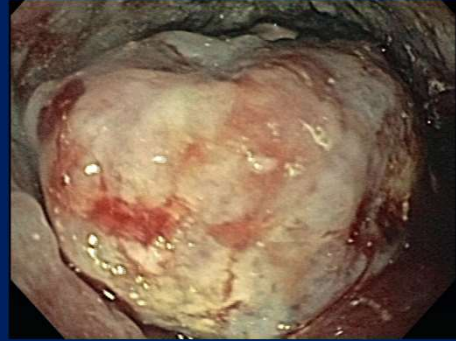


Figure 1 – EGD image of large distal esophageal mass



Figure 2 – EUS image of distal esophageal mass

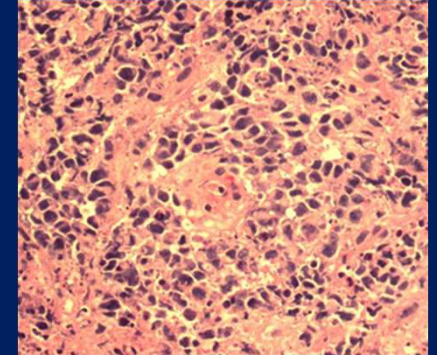


Figure 3 – Biopsy pathology with H&E stain

## CASE DESCRIPTION

- A 54 year old white male with history of Barrett's esophagus for over nine years presented to his primary care provider with months of progressive dysphagia, nausea, emesis, and functional decline. On exam the patient was cachectic appearing.
- Labs showed a normocytic anemia and significantly elevated ESR and CRP.
- A CT scan of the chest, abdomen, pelvis was performed which revealed thickening of distal third of the esophagus, necrotic paraesophageal lymph nodes, and multiple enlarged nodes in the gastric hepatic ligament.
- EGD with EUS showed a tumor in the distal third of esophagus. Biopsies revealed necrotic plasmablastic lymphoma and non-dysplastic Barrett's mucosa.
- The patient underwent additional evaluation by oncology and was started on EPOCH chemotherapy. HIV testing returned negative. Unfortunately the malignancy progressed despite chemotherapy and radiation and the patient died about 5 months after initial diagnosis.

## DISCUSSION

- Plasmablastic lymphoma represents a rare, aggressive subtype of diffuse large B-cell lymphoma. Typical organs involved include the GI tract, lymph nodes, oral mucosa, and skin. Unfortunately the disease course relapses frequently and is refractory to chemotherapy.
- More prevalent in patients with immunocompromised states including patients with IBD, HIV, or EBV. In our patient this malignancy arose in the setting of Barrett's esophagus previously without dysplasia or prior HIV, EBV infections.
- We suggest this rare diagnosis be in the differential in patients with esophageal masses.

## REFERENCES

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